RESI WAVIFURE COL												
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  Application or Docket Number  09755866												
CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL ENTITY TYPE (			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			10				1	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			(0 minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		·			X40=		OR	X80=	
MULT	IPLE DEPEN	DENT CLAIM PI	RESENT		<u></u>		}	+135=		OR	+270=	
• If th	e difference i	in column 1 is	less than zer	ro, ente	r "O" in c	column 2	•	TOTAL		OR	TOTAL	410
CLAIMS AS AMENDED - PART II  2-23-94 (Column 1) (Column 2) (Column 3)							L	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	otal	· 276	Minus	ئے .••	26	=	]	X\$\$		OR	xQQ	
ME	ndependent	. 60	Minus	***	G	= (_		×46¥)		OR	APP)	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							]	186		OR	3/2	
ļ							i	TOYAL ADDIT, FEE	<del></del>	OR	TOTAL ADDIT, FEE	
10	222041				ımn 2)	(Column 3		ADDII. 1 CC		•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST WBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ז פָּ	<b>Total</b>	· 26	Minus	:	26	=		x\$35		OR	X\$P6_)	
	ndependent	· 6	Minus	***	6	= <u>C</u>		x490		OR	श्रीशा	
ئلا	ARST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIN		L			1	300	
12	2-5-6	05						4138€		OR	TOTAL	
				•-				ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1) CLAIMS	r ======		ımn 2) HEST	(Column 3	۱ 🕇		ADDI.	1		ADDI

٧	FIRST PRESE	NTATION	OF ML	ILTIPLE DE	PENDEN	TCLAIM	

Minus

Minus

REMAINING

AFTER

AMENDMENT

NUMBER

**PREVIOUSLY** 

PAID FOR

PRESENT

EXTRA

ADDI-

TIONAL

RATE

ADDI-

TIONAL

RATE

**AENDMENT C** 

Total

Independent

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FEE FEE X\$ 9= X\$18= OR X40= X80= OR +135= +270= OR TOTAL ADDIT: FEE